

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012088

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

157
3028
67
FILED MAR 29 1963

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Jasper | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage | | c. CITY OR TOWN Carthage | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 742 E 6th | | d. STREET ADDRESS (If outside, give location). 742 E. 6th | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last MAGGIE JEANETTE DAVIS | | 4. DATE OF DEATH Month Day Year March 17, 1963 | |
| 5. SEX female | 6. COLOR OR RACE Negro | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9-7-1884 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 78 |
| 11a. FATHER'S NAME Mitchell Cooper | | 11b. MOTHER'S MAIDEN NAME Mary Roberts | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Mitchell Cooper | | 14. NAME OF HUSBAND OR WIFE Ed Davis | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or date) no | | 17. INFORMANT Address Carthage, Mo Emma Jean Davis, 742 E 6th | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Influenza, acute DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis-Cardio-Vascular Disease PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | INTERVAL BETWEEN ONSET AND DEATH 1 week |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Mar 11, 63 to Mar 17, 63 and last saw her alive on Mar 17, 1963 Death occurred at 4:30 am on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE George H. Wood (Degree or title) M.D. | | 22b. ADDRESS 1515 Hazel, Carthage, Mo | |
| 22c. DATE SIGNED 3-18-63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | |
| 23b. DATE 3-19-63 | | 23c. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery | |
| 23d. LOCATION (City, town, or county) Carthage, Missouri | | 24. FUNERAL DIRECTOR ADDRESS KNELL MORTUARY Carthage, Mo | |
| 25. DATE RECD. BY LOCAL REG. 3-18-63 | | 26. REGISTRAR'S SIGNATURE [Signature] | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

USE BLACK INK
OR
TYPEWRITER RIBBON

VS 300
Rev. 4/59

10497
34972

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 683

working under my personal supervision.

Student

John Q. M. Bonnell
Signature of Student Embalmer

Signed

Francis W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.